

## MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

### Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

#### 1. Key Research Contacts:

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#### 2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

*Response:*

FORward MOMentum

#### 3. Research Design:

a. Check (ü) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental and quasi-experimental), you are using more than one research design and you will need to complete a separate copy of the survey for each design. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)	
<input checked="" type="checkbox"/>	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched historical group
<input type="checkbox"/>	Quasi-experimental interrupted time series design
<input type="checkbox"/>	Quasi-experimental regression-discontinuity design
<input type="checkbox"/>	Quasi-experimental cohort design
<input type="checkbox"/>	Other (Specify)
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups

X	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups
	Other (Specify)

- b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

*Response:*

True Experimental Design

#### 4. Target Population:

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

*Response:*

Female inmates aged 18-50

History of at least 2 arrests (present included)

Dually Diagnosed (Axis I psychiatric and substance abuse, excluding substance induced psychotic Disorder and/or psychopathy see # 7 below)

Homeless or risk of homelessness at time of arrest

Mother of minor child, currently pregnant or primary caretaker of minor child

No history of significant violence

Not on conservatorship

Anticipated jail stay at least 3 weeks

Results will be generalized to mothers who have a history of mental health problems complicated by substance abuse/dependence and residential instability in the community. These women also have a history of arrests.

#### 5. Enhanced Treatment Group:

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

*Response:*

All female inmates booked into the Inmate Reception Center will be screened for initial selection criteria. Follow-up screening and assessment will determine if all selection criteria are met. *Informed Consent* is then administered. Selected subjects then undergo initial assessment. After this assessment, Subjects are randomly assigned to groups

- b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

*Response:*

Random Assignment (see above 5a)

**6. Treatment-as-Usual (Comparison) Group:**

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

*Response:*

Random Assignment (see above 5a)

- b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

*Response:*

Random Assignment

**7. Historical Comparison Group Designs (only):**

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

*Response:*

N/A

**8. Sample Size:**

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the

evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)			
Program Year	Treatment Group		Comparison Group N= 40
First Year	Jail MIOCR Treatment Group	N= 35	
	Combined MIOCR Treatment Group	N= 35	
	MIOCR Community Treatment Only	N= 35	
Second Year	Jail MIOCR Treatment Group	N= 35	Comparison Group N= 40
	Combined MIOCR Treatment Group	N= 25	
	MIOCR Community Treatment Only	N= 25	
Third Year	Jail MIOCR Treatment Group	N= 30	Comparison Group N= 20
	Combined MIOCR Treatment	N= 15	
	MIOCR Community Treatment Only	N= 15	
Total	Jail MIOCR Treatment Group	N= 100	Comparison Group N = 100
	Combined MIOCR Treatment Group	N= 75	
	MIOCR Community Treatment Only	N= 75	
Unit of Analysis (Check one)			
<input checked="" type="checkbox"/>	Individual Offender		
<input type="checkbox"/>	Geographic Area		
<input type="checkbox"/>	Other:		

**9. Enhanced Treatment Group Interventions:**

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

*Response:*

All subjects (Comparison and 3 Enhanced groups) will undergo an extensive evaluation employing, structured interviews, psychological testing, case history and mental status in an effort to achieve an accurate diagnosis. Subjects who have data suggestive of psychopathy will be given the PCL-R and those with cut-off scores in the psychopathy range will be excluded before random assignment. Also, persons with a history and clinical presentation consistent with substance induced psychotic disorder will be excluded before random assignment.

Treatment for subjects in the jail based enhanced groups will begin with a decision algorithm approach to prescription of psychotropic medication. This will be integrated with substance abuse treatment provided by substance counselors, psychologists and other staff members. Group and individual approaches will be used. Integrated treatment plans will also incorporate Cognitive Behavioral Therapy (CBT) focused on the combined problems presented by dual diagnosis. General treatment guideline promulgated by the National GAINS Center (National Institute of Corrections and Policy Research, Inc.) will be followed. Subjects will also be involved in Independence Training groups (vocational rehabilitation, occupational, community benefits, budgeting-use of finances, obtaining housing, etc.). Subjects will also be involved in parenting classes with the primary goal of decreasing sources of stress related to the responsibilities of parenting. Individually tailored discharge planning will continue throughout the jail based treatment segment using both individual and group approaches.

Treatment for subjects in the MIOCR community treatment only group (no enhanced jail treatment) will be coordinated by a Personal Services Coordinator (PSC, usually a Psychiatric Social Worker). Community treatment will be individually tailored based on diagnosis, history and need as determined in the initial assessment (see above). Components of this treatment will involve a gamut of services ranging from residential treatment through independent placement in the community. Community treatment will provide intensive case management provided by the MOMentum community team. The psychiatrist will provide consultations to community based programs. Patient financial services workers will aid subjects in developing financial support, and in conjunction with community workers will aid in obtaining appropriate housing. Team Deputy Sheriffs will aid in transportation of subjects, location of subjects who were “no shows” and support clients with crime prevention information/counseling. For those subjects on Formal Probation, the Team Probation Officer will provide support and assistance regarding legal and court related issues. A Harm Reduction approach will be followed. Team substance abuse counselors will provide subjects with counseling and support and coordinate treatment with community-based treatment programs.

**10. Treatment-as-Usual Group Interventions:**

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

*Response:*

The Treatment-as- Usual group will receive treatment in the jail as is currently available. This involves initial evaluation by a staff psychiatrist, and a separate evaluation by a clinical staff member who will follow the inmate on at least weekly basis. Patients are also afforded the opportunity to be involved . in recreational and stress reduction groups. These interventions are provided by the current mental health staff which consists of psychiatrists, psychologists, mental health counselor nurses and other related mental health workers. Subjects in this group will be provided with all of the usual services including discharge planning which will be carried out by non-research involved clinicians.

**11. Treatments and Outcomes (Effects):**

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table

below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
See Sec. 12 Below				

## 12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
<p>1.</p> <ul style="list-style-type: none"> <li>•T1. Combined treatment will be more effective in reducing recidivism, than either Jail based or Community based treatment alone.</li> <li>•T2. Subjects in any demonstration group will have a lower recidivism rate and than comparison group subjects.</li> <li>•T3. Subjects who receive jail based treatment will be more likely to remain in or seek treatment post release than those who do not receive jail based treatment.</li> <li>•T4. Subjects who receive community based treatment will be more likely to avoid psychiatric treatment in emergency rooms or inpatient units, and more likely to receive outpatient psychiatric care.</li> <li>•T5. Subjects who receive combined treatment will be more likely to remain in treatment than any other group.</li> <li>•<u>Assessment Methods (Prior Hypotheses):</u> Arrests, days incarcerated, hospitalization days, psychiatric emergency room encounters and outpatient treatment episodes will be tracked with the forensic and mental health databases described above.</li> <li>•T6. The jail based program will positively effect outcomes by increasing subjects amount of engagement with treatment. (The concept of <i>engagement</i> includes increased awareness of the need for treatment, motivation to seek out treatment, and emotional connectedness with the treatment staff)</li> <li>•<u>Assessment Method:</u> Engagement will be assessed with a structured interview (Engagement Rating Scale) designed to assess emotional engagement with staff and motivation to seek substance abuse and mental health treatment. Other measures of engagement are selected Personality Assessment Inventory Treatment subscales (Treatment Resistance, Positive Impression Management), and BPRS ratings (Emotional Withdrawal, Cooperation).</li> <li>•T7. Subjects in the jail based program will lower levels of psychiatric symptoms and will be at lower risk of substance abuse, at release from jail than subjects who do not receive jail-based treatment.</li> <li>•<u>Assessment Method:</u> Psychiatric symptoms will be measured with the Brief Psychiatric Rating Scale (BPRS), at enrollment and at release. Risk of substance use will be evaluated by a rating scale that evaluates members knowledge of substance abuse, verbal and behavioral commitment to treatment, and affective involvement with treatment.</li> <li>•</li> <li>•<u>Individual Differences Hypotheses</u></li> <li>•ID1. Subjects can be classified into 3 groups; A) subject's Axis I psychiatric condition, or substance abuse problem, is the predominant causal factor in their arrest history, B) the subject's Axis I condition, or substance abuse problem has little causal relationship to his/her criminal activity, C) the causal relationship between symptoms and criminal behavior is difficult to determine. The program should be most successful for subject's in group A.</li> <li>•<u>Assessment Method:</u> Cluster analysis can be used to group subjects according to their arrest history, psychiatric history, substance abuse assessment, and Axis I diagnoses . Some clusters will appear such as psychotic with multiple hospitalizations, homeless and substance abusing– arrested for vagrancy, failure to appear that clearly fall into Group A. Other clusters, e.g., a modest history of depression and more significant substance abuse with a history of multiple armed robberies are more likely to fit Group B.</li> </ul>	<p>A variety of different statistical analyses will be used with especial reliance on MANOVA to assess treatment group differences. Various correlation procedures will also be employed to assess relationships between variables and measures. It is also anticipated that the use of non-parametric techniques such as <math>\chi^2</math> will used. Cluster analysis will be employed as well to assess individual traits.</p>

<ul style="list-style-type: none"> <li>• <u>ID2. Subjects with cognitive or basic life skill deficits will show a greater relative response to community based treatment than subjects who are cognitively intact, because they require extra support to avoid homelessness, access resources etc. The dependent variables will include: days in jail, days in hospital, days homeless.</u></li> <li>• <u><b>Assessment Method:</b> Cognitive deficits will be assessed with a brief battery composed of selected sub-tests from the Wechsler memory scale III and the Wechsler Adult Intelligence Scale III. These sub-tests will assess memory, concentration, attention, frontal/executive skills, and abstract reasoning ability.</u></li> <li>• <u>ID3. Subjects who show initial signs of poor engagement (denial, withdrawal, etc.) will show a relatively greater response to jail based treatment, than subjects with high initial engagement. The dependent variables will be post release dropout from the program, and re-arrest status.</u></li> <li>• <u><b>Assessment Method:</b> Engagement Rating Scale, Personality Assessment Inventory (PAI) Treatment subscales (Treatment Resistance, Positive Impression Management), and BPRS ratings (Emotional Withdrawal, Cooperation)</u></li> <li>• <u>ID4. There are several factors which increase risk of re-offense. These risk factors can be used to predict poorer treatment outcome, either because a direct relationship with criminal behavior or because they lead to treatment dropout, which then raises the risk of recidivism.</u></li> <li>• <u>ID4.1 More extensive history of criminal behavior (as indicated by number of arrests, type of crime, (those that indicate criminal lifestyle is egosyntonic))</u></li> <li>• <u><b>Assessment Method:</b> Review of arrest and conviction record.</u></li> <li>• <u>ID4.2 More extensive history of substance abuse (as indicated by level of dependence, length of time, # of prior treatment failures, # of substance related arrests)</u></li> <li>• <u><b>Assessment Method:</b> AUDIT, PAI, &amp; arrest history</u></li> <li>• <u>ID4.3 Pronounced Axis II characterized by cluster B personality traits</u></li> <li>• <u><b>Assessment Method:</b> PAI subscales, clinical history</u></li> <li>• <u>ID4.4 A lack of a significant other or family support.</u></li> <li>• <u><b>Assessment Method:</b> PAI Environmental Support</u></li> <li>• <u>ID4.5 Marked skill deficits which prevent the member from adopting a more viable lifestyle (maintaining employment, having a social support system).</u></li> <li>• <u><b>Assessment Method:</b> <i>SOCI</i><sup>[c]</sup>, Cognitive Assessment,</u></li> <li>• <u>ID4.6 Failure to show significant signs of engagement during the pre-release period. Engagement Rating Scale, Personality Assessment Inventory Treatment subscales (Treatment Resistance, Positive Impression Management), and BPRS ratings (Emotional Withdrawal, Cooperation)</u></li> <li>• <u><b>Assessment Method:</b> Engagement Rating Sheet</u></li> <li>• <u>ID4.7 Increased treatment resistance post release (as indicated by denial of illness, denial of severity of illness, poor medication compliance, drop out from community treatment agencies).</u></li> <li>• <u><b>Assessment Method:</b> Engagement Rating Sheet, medication and treatment compliance, MIS data on program completion, and medication pick-up. Elements from each of these sources can be tested separately or combined into a single index.</u></li> </ul>	
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### 13. Cost/Benefit Analysis:



Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

<u>Cost/Benefit Analysis</u>		
<input type="checkbox"/>	<u>Yes</u>	X <u>No</u>

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

*Response:* N/A

**14. Process Evaluation:**

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Response

The basis for effective Process Evaluation will begin with a detailed description of assessment procedures, as well as treatment/intervention procedures. This process is already underway and flow charts have been developed. While a great deal of common information is collected on all clients, individual data are also collected to provide a basis for developing and individual intervention program. Such will be used for all three groups utilizing any form of enhanced MIOCR treatment. The FORward MOMentum Program has already established what is referred to as a

Management Team which is meeting weekly to oversee timely and effective implementation of Grant/Research objectives. This team is currently composed of members of the research team, as well as non-research team members from the Jail Mental Health clinical and administrative staff. Again, the objective of this approach is to ensure timely study implementation. It is anticipated that this team will provide a basis for developing specific Process Evaluation procedures.

Process Evaluation will be carried out on an on-going basis by non-research team personnel. The focus is multifaceted. Evaluators will interview research staff members to assess their knowledge of the overall goals of the project, as well as their attitudes toward the project and progress being made. Evaluators will also assess compliance with data collection and documentation. Clients will be interviewed regarding their experience in project and their perspectives on strong and weak points. TheFORward MOMentum Program is an interagency effort which will require assessment of all agencies involved to determine level of cooperation, program effectiveness and to assess need for on-going refinement/revision. As the program continues, evaluators will assess the effectiveness of Program interventions and client's re-integration into the community. It is anticipated that the Process Evaluation will incorporate Quality Assurance procedures which are currently in place in Jail Mental Health Services TTCF-2. The Process evaluators will meet with the Research Management Team on A regular basis to discuss progress in the project and make recommendations for program revision, if needed.

**15. Program Completion:**

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

*Response:*

Subjects will continue in the program throughout its full tenure (2004). As subjects demonstrate improvement, Intensity of services will decrease, but follow-up data will continue to be collected.

#### **16. Participant Losses:**

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

*Response:*

- Subjects will not be terminated during the course of the study unless they are sentenced to State Prison. An attempt will be made to have all subjects continue in the program throughout it's tenure. If a subject is re-arrested, they will continue in the same program as originally assigned.